10-17-05

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a coffection of information unless it displays a valid OMB control number.

Application Number 09/751,934 **TRANSMITTAL** Filing Date December 29, 2000 **FORM** First Named Inventor Richter, James Neal Art Unit 2161 **Examiner Name** Susan Y Chen (to be used for all correspondence after initial filing) Attorney Docket Number 55564.080303 Total Number of Pages in This Submission

	Attached Licensing-related Papers Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Return Postcard								
		ENCLOSURES (check all that appl	у)						
Extension of Time Express Abandonr	d ly claration(s) Request ment Request sure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):						
	Missing Parts CFR 1.52 or	Landscape Table on CD Remarks ATURE OF APPLICANT, ATTORNEY, C							
Firm Name		<u> </u>	OK AGEN1						
Signature Printed Name	WILLIAM B. KIR	ANDERS PEPER MARTIN, LLP WORLD CHER							
Date /0//		42005	Reg. No. 22,481						
	// 4	CERTIFICATE OF TRANSMISSION/MA	I I I I I I I I I I I I I I I I I I I						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Typed or printed name		neede Royer	Date 10/14/05						

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO:**Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claims 50 Fee (\$) Fee Paid (\$) Multiple dependent claims 50 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims	J. Jack the Basenwork S	Peduction Act of 1995	i na narcane ara rag	uired to rest	U.S. Patent an	d Trademark Offic	e: U.S. DEPAR	31/2006. OMB 065 RTMENT OF COM	
FEE TRANSMITTAL FOIR Y 2005 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2161 TOTAL AMOUNT OF PAYMENT (\$) 290.00 Attomey Docket No. 55564.080303 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 11-0160 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filin of the application of PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES FILING FEES SEARCH FEES SEARC	<u>~</u>			uned to rest	iona to a conection o			Valid OND CONTO	
FEE TRANSMITTAL FOIR Y 2005 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2161 TOTAL AMOUNT OF PAYMENT (\$) 290.00 Attomey Docket No. 55564.080303 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 11-0160 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filin of the application of PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES FILING FEES SEARCH FEES SEARC	Fees pursuant to the C			.R. 4818).	Application Num	per 09/75	1,934		
First Named Inventor Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2161		DANC	MITTA	۱ i				00	
Applicant claims small entity status. See 37 CFR 1.27	FEE IKANSWIIIAL			`		 	· · · · · · · · · · · · · · · · · · ·		
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 11-0160 Deposit Account Name: Blackwell Sanders Peper I For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filin Charge fee(s) indicated below I Charge fee(s) indicated below, except for the filin Account Name: Blackwell Sanders Peper I For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filin Charge fee(s) indicated below, except for the filin Charge fee(s) indicated below, except for the filin Payment on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES	For FY 2005			Ì			· · · · · · · · · · · · · · · · · · ·		
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 11-0160 □ Deposit Account Name Blackwell Sanders Peper I For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filin □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filin □ Charge fee(s) indicated below, except for the	Applicant claim	s small entity statu	s. See 37 CFR 1.	.27			· · · · · · · · · · · · · · · · · · ·		
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposil Account Number 11-0160 Deposit Account Name: Blackwell Sanders Peper I For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing that pay indicated below and individual fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small					- ""		.080303		
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 11-0160 Deposit Account Name: Blackwell Sanders Peper I For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filin filin charge fee(s) indicated below, except for the filin filin charge fee(s) indicated below, except for the filin charge fee(s) indicated below, except for the filin filin filin charge fee(s)					7 Kilomoy Booker	-			
Deposit Account Deposit Account Number: 11-0160 For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filin Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filin Charge fee(s) indicated below expet for the filin Ch				Non	o Othor (Januar i dantifish			
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEMAIL Entity Small Entity Small Entity Application Type Fee (\$) Fee	Deposit Acco	unt Deposit Accoun	nt Number: <u>11-016</u>	<u> </u>	Deposit Account	Name: Blackw : (check all that	vell Sanders apply)		
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$)	Charge fee	e(s) indicated below	N		Charge fee(s) indicated belo	ow, except fo	r the filing fee	
FEE CALCULATION	under 37 (WARNING: Information	CFR 1.16 and 1.17 on this form may be	,				m. Provide cred	dit card	
Time	information and authori	zation on PTO-2038.		EEE CAL	CIII ATION			·	
FILING FEES Small Entity Fee (\$)	1	BASIC FILING							
Application Type			NG FEES		RCH FEES				
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Multiple dependent claims Total Claims -20 or HP = x = Fee (\$) Fee Paid (\$) Multiple Dependent Claims HP = highest number of total claims paid for, if greater than 20 Indep. Claims -3 or HP = x = Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets -100 = /50 = Number of each additional 50 or fraction thereof -100 = /50 = (round up to a whole number) x = Fee (\$) Other: Two-Month Extension Fee Other: Terminal Disclaimer Fee			Fee (\$)		Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$	
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims Total Claims Total Claims Total Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Fee (\$) Fe	Design								
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims Total Claims -20 or HP =									
Fee (\$) Fee	Provisional	200	100	0	0	0	0		
Indep. Claims -3 or HP = x = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)	Fee Description Each claim over 20 Each independent c Multiple dependent Total Claims	or, for Reissues, e laim over 3 or, for claims Extra 20 or HP =	Reissues, each in	ndependen ee (\$) =	t claim more than	in the original Multiple De	patent 200 360 pendent Cla	25 100 180 ims	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	Indep. Claims	<u>Extra</u> - 3 or HP =	Claims Fe	ee (\$) ====================================	Fee Paid (\$)			•	
Signature Registration No. (Attorney/Agent) 22,481 Telephone 816-983	If the specification a for each add Total Sheets 4. OTHER FEE(S) Other: Two-N	and drawings exce litional 50 sheets <u>Extra Shee</u> 100 =	or fraction therets Number / 50 =	reof. See	35 U.S.C. 41(a) h additional 50 o	(1)(G) and 37 rfraction there	CFR 1.16(s	s).	
(Attorney/Agent) 22,481	SUBMITTED BY								
(Attorney/Agent) 22,481	Signature	1. IMLA	These	_			Telephone	816-983-800	
	Iama (Print/Tyron)	WILLIU		(Attorne	y/Agent) 22,48°		L	14/10/15-	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.